

State of Tennessee



Department of State
Division of Charitable Solicitations
312 Eighth Avenue North
8th Floor, William R. Snodgrass Tower
Nashville, TN 37243
(615) 741-2555

WARNING: False or misleading statements
Subject to maximum \$5,000 penalty. T.C.A. §48-101-502(a)(2)

OFFICE USE ONLY

Date Stamped

SUMMARY OF FINANCIAL ACTIVITIES OF AN EXEMPT CHARITABLE ORGANIZATION

INSTRUCTIONS:

A charitable organization must use this form to report financial activities or attach a copy of your most recently-completed IRS Form 990. If you have not completed a full year of operation, you must submit a proposed budget for your first year of operation.

Gross revenue includes all monies received by your organization from all sources, before expenses are deducted. Contributions raised by a professional solicitor **must** be reported as gross revenue received by your organization.

This form, including attachments, is a public record.

NAME OF ORGANIZATION: _____

FISCAL YEAR ENDING: _____ FEIN: _____

GROSS REVENUE:

CONTRIBUTIONS FROM THE PUBLIC:

1. Direct and Indirect..... \$ _____

2. Special Events.....\$ _____

3. United Way or Other Federated Fundraisers.....\$ _____

MEMBERSHIP DUES.....\$ _____

GOVERNMENT GRANTS..... \$ _____

OTHER REVENUE..... \$ _____

TOTAL GROSS REVENUE:.....\$ _____

EXPENSES:

PROGRAM SERVICES.....\$ _____

FUND RAISING..... \$ _____

ADMINISTRATIVE.....\$ _____

OTHER.....\$ _____

TOTAL EXPENSES:.....\$ _____

EXCESS (DEFICIT) OF REVENUE OVER EXPENSES.....\$ _____

SIGNATURE SECTION

This document must bear the notarized signature of two (2) authorized officers of the organization.

We certify that the information furnished in this Request for Exemption and all continuation sheets is true and correct to the best of our knowledge.

Signature of Authorized Officer _____	Date Signed _____	Signature of Authorized Officer _____	Date Signed _____
_____ Print Name (Clearly)	_____ Print Name (Clearly)	_____ Print Name (Clearly)	_____ Print Name (Clearly)
_____ Title	_____ Title	_____ Title	_____ Title
NOTARY SEAL		NOTARY SEAL	
Sworn to and subscribed before me (or to me personally known) at:		Sworn to and subscribed before me (or to me personally known) at:	
_____ (County and State)		_____ (County and State)	
This the _____ day of _____ 200__		This the _____ day of _____ 200__	
_____ Signature of Notary Public		_____ Signature of Notary Public	
My Commission Expires: _____		My Commission Expires: _____	

OFFICIAL USE ONLY

Auditor/Reviewer Initials: _____

Date Reviewed: _____

Documents Attached: _____

Comments: _____

